

# COLORADO SALES TAX / WAGE WITHHOLDING ACCOUNT APPLICATION

Departmental Use Only

INSTRUCTIONS FOR THIS FORM ARE IN THE PUBLICATION CR 0101

<b>A</b>		<b>1. REASON FOR FILING THIS APPLICATION</b> <input type="checkbox"/> Original Application <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Additional Location Do you have a Department of Revenue Account Number? <input type="checkbox"/> Yes <input type="checkbox"/> No   IF Yes, Account # _____															
		<b>2. Indicate Type of Organization</b> <table border="0" style="width:100%;"><tr><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> Limited Liability Company (LLC)</td><td><input type="checkbox"/> Corporation/'S' Corp.</td><td><input type="checkbox"/> Government</td></tr><tr><td><input type="checkbox"/> General Partnership</td><td><input type="checkbox"/> Limited Liability Partnership (LLP)</td><td><input type="checkbox"/> Association</td><td><input type="checkbox"/> Joint Venture</td></tr><tr><td><input type="checkbox"/> Limited Partnership</td><td><input type="checkbox"/> Limited Liability Limited Partnership (LLLP)</td><td><input type="checkbox"/> Estate/Trust</td><td><input type="checkbox"/> Non-profit</td></tr></table>				<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation/'S' Corp.	<input type="checkbox"/> Government	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Association	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Limited Partnership (LLLP)	<input type="checkbox"/> Estate/Trust	<input type="checkbox"/> Non-profit
<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation/'S' Corp.	<input type="checkbox"/> Government														
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Association	<input type="checkbox"/> Joint Venture														
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Limited Partnership (LLLP)	<input type="checkbox"/> Estate/Trust	<input type="checkbox"/> Non-profit														
		<b>B</b>															
		1a. Taxpayer Name (Owner, Partners or Corporate Name) (Last, First, Middle)		1b. Taxpayer ID (Requirements—see page 2)													
		2a. Trade Name/Doing Business As (If applicable, and for informational purposes only)		2b. FEIN													
				2c. SSN													
<b>Physical place of business</b>																	
3a. Principal Place of Business		City		State	ZIP Code												
3b. County		3c. If business is within limits of a city, what city?		3d. Telephone (   )													
<b>Mailing address</b>																	
4a. Name (Last, First, Middle)				4b. Telephone (   )													
4c. Mailing Address		City		State	ZIP Code												
5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (See page 2, section B5 for additional space)																	
Do you sell motor vehicle tires? <input type="checkbox"/> Yes <input type="checkbox"/> No      Do you rent out items for 30 days or less? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your business in a special taxing district? <input type="checkbox"/> Yes <input type="checkbox"/> No      Do you sell prepaid wireless service? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
6a. Owner/Partner/Corp. Officer (Last, First, Middle)				6b. Title													
6c. FEIN		6d. SSN		6e. Telephone (   )													
6f. Address (Residence, P.O. Box, or Street)		City		State	ZIP Code												
7a. Owner/Partner/Corp. Officer (Last, First, Middle)				7b. Title													
7c. FEIN		7d. SSN		7e. Telephone (   )													
7f. Address (Residence, P.O. Box, or Street)		City		State	ZIP Code												
<b>If you acquired the business in whole or in part, complete the following:</b>																	
8a. Prior Taxpayer Name				8b. Date of Acquisition													
8c. Address		City		State	ZIP Code												
<b>C</b>		1. <input type="checkbox"/> If Seasonal, mark each business month: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.		<b>Period Covered From To</b>													
2a. <b>Filing Frequency:</b> If sales tax collected is: <input type="checkbox"/> \$15.00/month or less—Annually <input type="checkbox"/> Under \$300/month—Quarterly <input type="checkbox"/> \$300/month or more—Monthly <input type="checkbox"/> Wholesale only—Annually		2b. First Day of Sales (Mo/Day/Yr)		<b>E</b>													
3. Indicate which applies to you: <input type="checkbox"/> Retail-Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Charitable <input type="checkbox"/> Retailers-Use		Revenue Registration Account Number (DEPT. USE ONLY)															
<b>D</b>		1. <b>Filing Frequency:</b> If wage withholding amount is: <input type="checkbox"/> \$1–\$6,999/Year - Quarterly <input type="checkbox"/> \$50,000+/Year—Weekly <input type="checkbox"/> \$7,000–\$49,999/Year - Monthly   Must file by Electronic Funds Transfer (EFT)		2. <b>Oil/Gas</b> <input type="checkbox"/> Withholding													
3a. First Day of Payroll, if applicable (Mo/Day/Yr)		3b. Payroll Records Telephone (   )															
3c. Payroll Records Location (List Address)																	
				<b>MAKE CHECKS PAYABLE TO:</b>													
				TOTAL \$ .00													
Colorado Department of Revenue, 1375 Sherman St., Denver, CO 80261-0009																	
<b>F</b>		I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. <b>SIGNATURE of Owner, Partner, or Corporate Officer Required</b>															
		Title		Date													

(continue on reverse side of this page.)

See page 2 for Return Check Policy

## FEE SCHEDULE

- **Trade name registration:** Trade name registrations must be done with the Colorado Secretary of State.
- **Unemployment insurance:** Colorado unemployment insurance tax is administered by the Colorado Department of Labor and Employment.

- **Wholesale and retail license**

If first day of sales is:

January to June even-numbered years 2010, 2012, 2014.....	\$16.00
July to December even-numbered years 2010, 2012, 2014 .....	\$12.00
January to June odd-numbered years 2011, 2013, 2015.....	\$8.00
July to December odd-numbered years 2011, 2013, 2015 .....	\$4.00

- **Charitable license** ..... \$8.00
- **A deposit** is required on a retail sales tax license only..... \$50.00

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically

### *Fee Notes*

- The \$50 deposit will be refunded automatically after a business has collected and paid \$50 in *state sales taxes*. **DO NOT** deduct the deposit on your sales tax return. The deposit is only required on a business first location.
- There is no charge for a multiple or single event license IF a business has a current wholesale or retail sales tax license.
- For single and multiple event licenses complete the DR 0589 "Sales Tax Special Event Application."
- All licenses except the single event license are valid through December 31 of each odd-numbered year.

If you have questions call the Department of Revenue, (303) 238-SERV(7378).

**INSTRUCTIONS:** This form consists of two copies; please complete the form.

If you've downloaded this form from the Internet, please complete the form and make a photocopy of it. Mail the original form to:

**Colorado Department of Revenue  
Denver CO 80261-0013**

and retain one copy of the completed form for your records.

**For walk-in service, please bring two copies of the completed form to:**

DENVER SERVICE CENTER  
1375 Sherman St.  
Denver CO 80261

COLORADO SPRINGS SERVICE CENTER  
2447 North Union Blvd.  
Colorado Springs, CO 80909

FORT COLLINS REGION SERVICE CENTER  
1121 W. Prospect Rd., Bldg. D  
Fort Collins, CO 80526

GRAND JUNCTION SERVICE CENTER  
222 S. Sixth St., Room 208  
Grand Junction CO 81501

PUEBLO SERVICE CENTER  
827 W. 4th St., Suite A  
Pueblo CO 81003

### **Taxpayer ID Requirements:**

All walk-in and mail-in business and individual applicants for a Sales/use Tax or Wage Withholding with the Colorado Department of Revenue must provide valid proof of identification at the time of application. Valid proof includes a legible copy of a Colorado Driver's License, Colorado Identification Card, United States Passport, Resident Alien Card (Indicating eligibility for employment), United States Naturalization papers, and/or Military Identification Card. If the applicant is from another state, a valid driver's license or other picture ID from that state is required.

**B**

5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (Continued from page 1)



Colorado Department of Revenue  
Tax Forms, Information and E-Services